

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA
DURHAM DIVISION**

In re:

Marcia Jolene Thompson

S.S. No.: xxx-xx-8827

Mailing Address: 2 Byerly Court, Durham, NC 27713-

Case No. 08-81233

Debtor.

NOTICE TO CREDITORS AND PROPOSED PLAN

The Debtor has filed for relief under Chapter 13 of the United States Bankruptcy Code on August 22, 2008.

The filing automatically stays collection and other actions against the Debtor, Debtor's property and certain co-debtors. If you attempt to collect a debt or take other action in violation of the bankruptcy stay, you may be penalized.

Official notice will be sent to creditors, which will provide the name and address of the Trustee, the date and time of the meeting of creditors, and the deadline for objecting to the plan. The official notice will include a proof of claim form.

A creditor must timely file a proof of claim with the Trustee in order to receive distributions under the plan. The Trustee will mail payments to the address provided on the proof of claim unless the creditor provides another address in writing for payments. If the claim is subsequently assigned or transferred, the Trustee will continue to remit payment to the original creditor until a formal notice of assignment or transfer is filed with the Court.

Attached is a copy of the Debtor's proposed Chapter 13 Plan consisting of 2 documents entitled: (1) Chapter 13 Plan and (2) Ch. 13 Plan - Debts Sheet (Middle). This is the same Plan that has already been filed with the Court.

Dated: September 25, 2008

LAW OFFICES OF JOHN T. ORCUTT, P.C.

/s John T. Orcutt

John T. Orcutt
N.C. State Bar No. 10212
Counsel for the Debtor
6616-203 Six Forks Rd.
Raleigh, N.C. 27615
Tel. No. (919) 847-9750

circular.wpt (rev. 4/16/06)

| CH. 13 PLAN - DEBTS SHEET (MIDDLE DISTRICT - DESARDI VERSION) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RETAIN COLLATERAL & PAY DIRECT OUTSIDE PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retain | Creditor Name | Sch D # | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ARREARAGE CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retain | Creditor Name | Sch D # | Arrearage Amount (See**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Greenpoint Mortgage | 2 | 795 | ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Greenpoint Mortgage -ARM | 3 | 121 | ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LTD - DOT ON PRINCIPAL RESIDENCE & OTHER LONG TERM DEBTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retain | Creditor Name | Sch D # | Monthly Contract Amount | Int. Rate | Adequate Protection | Minimum Equal Payment | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Greenpoint Mortgage | 2 | \$795 | n/a | n/a | \$795.00 | House and Lot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Greenpoint Mortgage -ARM | 3 | \$121 | n/a | n/a | \$121.00 | House and Lot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STD - SECURED DEBTS /a FMV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retain | Creditor Name | Sch D # | FMV | Int. Rate | Adequate Protection | Minimum Equal Payment | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Chase | 1 | | 9.50 | | | House and Lot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STD - SECURED DEBTS /a 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retain | Creditor Name | Sch D # | Payoff Amount | Int. Rate | Adequate Protection | Minimum Equal Payment | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ATTORNEY FEE (Unpaid part) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Law Offices of John T. Orcutt, P.C. | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IRS Tax Liens | | Secured Amt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Real Property Taxes on Retained Realty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNSECURED PRIORITY DEBTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IRS Taxes | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$2,549 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Taxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Property Taxes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alimony or Child Support Arrearage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO-SIGN PROTECT (Pay 100%) | | Int.% | Payoff Amt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Co-Sign Protect Debts (See♦) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL NON-PRIORITY UNSECURED | | Amount* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DMI= None(\$0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Miscellaneous Provisions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date:</td> <td>8/12/08</td> </tr> <tr> <td>Lastname-SS#:</td> <td>Thompson-8827</td> </tr> <tr> <td colspan="2">SURRENDER COLLATERAL</td> </tr> <tr> <td>Creditor Name</td> <td>Description of Collateral</td> </tr> <tr> <td>Plantation</td> <td>Timeshare</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">REJECTED EXECUTORY CONTRACTS/LEASES</td> </tr> <tr> <td>Creditor Name</td> <td>Description of Collateral</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">PROPOSED CHAPTER 13 PLAN PAYMENT</td> </tr> <tr> <td>\$</td> <td>1,085</td> <td>per month for</td> <td>60</td> <td>months, then</td> </tr> <tr> <td>\$</td> <td>N/A</td> <td>per month for</td> <td>N/A</td> <td>months.</td> </tr> <tr> <td colspan="5">Adequate Protection Payment Period: N/A months.</td> </tr> <tr> <td colspan="5">Sch D # = The number of the secured debt as listed on Schedule D.</td> </tr> <tr> <td colspan="5">Adequate Protection = Monthly 'Adequate Protection' payment amt.</td> </tr> <tr> <td colspan="5">♦ = Co-sign protect on all debts so designated on the filed schedules.</td> </tr> <tr> <td colspan="5">* = DMI x ACP</td> </tr> <tr> <td colspan="5">** = Pre-petition arrearage includes 1 post-petition mortgage payment.</td> </tr> <tr> <td colspan="5">Ch13Plan_MD_(DeSardi) (11/6/07) © John T. Orcutt (Page 4 of 4)</td> </tr> </table> | | | | Date: | 8/12/08 | Lastname-SS#: | Thompson-8827 | SURRENDER COLLATERAL | | Creditor Name | Description of Collateral | Plantation | Timeshare | | | | | | | | | REJECTED EXECUTORY CONTRACTS/LEASES | | Creditor Name | Description of Collateral | | | | | | | | | PROPOSED CHAPTER 13 PLAN PAYMENT | | \$ | 1,085 | per month for | 60 | months, then | \$ | N/A | per month for | N/A | months. | Adequate Protection Payment Period: N/A months. | | | | | Sch D # = The number of the secured debt as listed on Schedule D. | | | | | Adequate Protection = Monthly 'Adequate Protection' payment amt. | | | | | ♦ = Co-sign protect on all debts so designated on the filed schedules. | | | | | * = DMI x ACP | | | | | ** = Pre-petition arrearage includes 1 post-petition mortgage payment. | | | | | Ch13Plan_MD_(DeSardi) (11/6/07) © John T. Orcutt (Page 4 of 4) | | | | |
| Date: | 8/12/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lastname-SS#: | Thompson-8827 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURRENDER COLLATERAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creditor Name | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plantation | Timeshare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REJECTED EXECUTORY CONTRACTS/LEASES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creditor Name | Description of Collateral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PROPOSED CHAPTER 13 PLAN PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 1,085 | per month for | 60 | months, then | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | N/A | per month for | N/A | months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adequate Protection Payment Period: N/A months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sch D # = The number of the secured debt as listed on Schedule D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adequate Protection = Monthly 'Adequate Protection' payment amt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ♦ = Co-sign protect on all debts so designated on the filed schedules. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * = DMI x ACP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** = Pre-petition arrearage includes 1 post-petition mortgage payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ch13Plan_MD_(DeSardi) (11/6/07) © John T. Orcutt (Page 4 of 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CERTIFICATE OF SERVICE

Charity L. Christensen, the undersigned, certifies that a copy of the foregoing **NOTICE TO CREDITORS AND PROPOSED PLAN** was served by automatic electronic noticing upon the following Trustee:

Richard M. Hutson, II
Chapter 13 Trustee

and was also served by first class U.S. mail, postage prepaid, to the following parties at their respective addresses:

All the creditors set forth on the mailing matrix filing in this case.

/s Charity L. Christensen

Charity L. Christensen

| | | |
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| <p>North Carolina Department of Revenue c/o NC Department of Justice Post Office Box 629 Raleigh, NC 27602-0629</p> <p>Employment Security Commission Attn: Benefit Payment Control Post Office Box 26504 Raleigh, NC 27611-6504</p> <p>Credit Bureau Post Office Box 26140 Greensboro, NC 27402</p> <p>NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006</p> <p>Internal Revenue Service** Post Office Box 21126 Philadelphia, PA 19114-0326</p> <p>Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241</p> <p>Experian P.O. Box 2002 Allen, TX 75013-2002</p> <p>Innovis Data Solutions Attn: Consumer Assistance P.O. Box 1534 Columbus, OH 43216-1534</p> <p>Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000</p> | <p>ChexSystems Attn: Consumer Relations 7805 Hudson Road, Ste. 100 Woodbury, MN 55125</p> <p>Afni, Inc. Post Office Box 3427 Bloomington, IL 61702-3427</p> <p>Anderson, Crenshaw, & Associates c/o Protect America North Central Plaza III 12801 N. Central Expressway, Suite 250 Dallas, TX 75243-1716</p> <p>Bernhardt & Strawser, PA C/O Harvest Credit Mgt. VII 5821 Fairview Road Suite 550 Charlotte, NC 28209</p> <p>Chase * Post Office Box 15298 Wilmington, DE 19850-5298</p> <p>Credit Bureau of Greensboro** Post Office Box 26140 Greensboro, NC 27402-0040</p> <p>Durham County Tax Collector Post Office Box 3397 Durham, NC 27701</p> <p>GreenPoint Mortgage Post Office Box 84013 Columbus, GA 31908-4013</p> <p>Home Depot Credit Services** Post Office Box 689100 Des Moines, IA 50368-9100</p> | <p>Law Offices of John T. Orcutt 6616-203 Six Forks Road Raleigh, NC 27615</p> <p>LTD Financial Services (Advantage Assets II) 7322 Southwest Freeway Suite 1600 Houston, TX 77074</p> <p>North Carolina Department of Re c/o Reginald S. Hinton Post Office Box 25000 Raleigh, NC 27640-5000</p> <p>North Carolina Dept of Revenue* Post Office Box 1168 Raleigh, NC 27602-1168</p> <p>Plantation Resort 1250 US Highway 17 North Myrtle Beach, SC 29575</p> <p>State Employees Credit Union Post Office Box 28540 Raleigh, NC 27611-8540</p> <p>Verizon South Post Office Box 920041 Recovery Department Dallas, TX 75392-0041</p> |
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